

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes

No.

(CFA-4)
Summary Sheet

Summary Sheet	
FILE NUMBER	
PAGES IN ENTIRE CFA-4 REPORT	
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COMMITTEE INFORMATION								
1. Full Name of Committee (as on Statement of Organization)								
Michael for Mayor								
2. Acronym or Abbreviated Name (if any)	Į.	ommittee Telephone Number						
· · · · · · · · · · · · · · · · · · ·	(31	7 ₎ 519-	3306					
4. Mailing Address (address where all campaign finance correspondence is received)								
1141 W 81st st								
5. City, State, ZIP Code	6. Party	6. Party Affiliation (if applicable)						
Indianapolis, Indiana 46260			Republica	in				
CANDIDATE INFORMATION (For Candidate's Committees Only)								
7. Full Name of Candidate (include any nickname)	8. Party		If Independen	i				
Terry Michael			Republica	ın				
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	10. County of Residence						
Mayor	Mario							
TYPE OF REPORT				N CANDIDATES ONLY				
11. Check one:	Check one:							
Pre-Primary Pre-Election Annual Nomination Other			Pre-Conv					
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization)								
12. Reporting Period:			A NML	COLUMN B				
12. Reporting Period: From: 04/16/2015 Through: 12/31/2015			JMN A Period	COLUMN B Year to Date				
				Year to Date				
From: 04/16/2015 Through: 12/31/2015 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year.			Period					
From: 04/16/2015 Through: 12/31/2015 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			Period	Year to Date				
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CERTIFICATION							
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.							
Signature of Treasurer	\prod	Title		Date			
Signature of Candidate (if applicable)		YŁ		Date 12/31/2016			
WARNING: Ap informatic contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly							
files a frau dient report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)							

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Myla a Eldridge

JAN 19 2016

FILED